

REGISTRATION FORM

Mr./ Mrs./ Ms./ Dr. _____

Degree/ Title _____

Organizational Affiliation _____

Street Address

City, State and Zip _____

Phone () _____ Fax () _____ Email _____

Name to appear on nametag, if different from above

Are you willing to have your contact information included on a list of participants? yes no

Registration Fees

- 9 Members & non-members
\$150
- 9 Students Fee
\$ 75
(students must have verification letter)
- 9 Late registration (after April 19, 2000)
\$175

Attendance

Indicate attendance by checking the appropriate spaces:

- 9 TEXTGENE Subcommittee Meeting (members only)
- 9 Thursday Reception
- 9 Friday Continental Breakfast
- 9 Friday Luncheon
- 9 Friday Dinner
- 9 Saturday Continental Breakfast
- 9 Saturday Luncheon

Workshop Preferences

Indicate one in each time slot

Friday, May 19

Concurrent Session I

- 9 Asian/ Pacific Islander Culture
- 9 East Indian/ Native American Culture
- 9 Jewish/ African American Culture
- 9 Cuban American/ Mexican American Culture

Concurrent Session II

- 9 Asian/ Pacific Islander Culture
- 9 East Indian/ Native American Culture
- 9 Jewish/ African American Culture
- 9 Cuban American/ Mexican American Culture

Saturday, May 20

Workshop Session I

- 9 Balancing Needs within an Organization
- 9 Fundraising
- 9 Membership
- 9 Publications

Workshop Session II

- 9 Cultural Competence for Support Groups
- 9 Organizational Structure: What's Right for You
- 9 Balancing Needs within an Organization
- 9 Fundraising

Workshop Session III

- 9 Membership
- 9 Publications
- 9 Cultural Competence for Support Groups
- 9 Organizational Structure: What's Right for You

- **Please contact me to discuss my special needs.**